ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS 1. PLACE OF BIRTH Registered No. STANDARD CERTIFICATE OF BIRTH District or Township. (If birth occurred in s-hospital or institution, give its NAME instead of street and number) han If child is not yet named, make supplemental report, as directed. 2. Full name of child Sex of Child 4. Twin, triplet or other. 6. Legitimate To be answered ONLY 7. Date in event of plural of birth hirths. 5. No., in order of birth. Month Day Year PATHER Full maiden name Full name 9. Residence (Usual place of above) 15 Residence (Usual place of abode)  $\mathbf{O}$ If non-resident, give place and state, If non-resident, give place and state. Color or rac 11. Age at last birthday. (Years) 17. Age at last birthday of 12. Birthplace (city or place) 18. Birthplace (city or place) (State or country) (State or country) 13. Occupation 19. Occupation Nature of industry Nature of industry 20. Number of children of this mother.... (a) Born alive and now living 21. Were precautions taken against onhthalmia neonatorum? (b) Born alive but now dead. (Taken as of time of birth of child herein certified and including this child.) (c) Stillborn CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was m, on the date above stated (Born alive co \*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Physician or midwife), Given name added from a supplemental report....... Month, day, year Registrar Registrar

must be made